

**Glendale Unified School District
HEALTHY START FAMILY RESOURCE CENTER
Referral Form**

Please Print

Date: _____

Student Name: _____ Student ID#: _____ School: _____

M F Grade: _____ DOB: _____ Home Phone: _____

Home Address: _____

Ethnicity: _____ Household Primary Language: _____

Parent(s) Guardian(s)

Name: _____ Work Phone: _____

Name: _____ Work Phone: _____

Referred By: _____ Title/Agency: _____ Phone: _____

Reason For Referral:

Healthy Start links families to various services in the community. Healthy Start Case Managers do not provide behavioral counseling or direct mental health services. Please check the service(s) you believe the student and/or family needs.

EMPLOYMENT SERVICES
(Referral to employment agencies)

LEGAL SERVICES
(Immigration assistance, etc.)

BASIC NEEDS
(Food, clothing, etc.)

MENTAL HEALTH SERVICES
(Referrals to Mental Health Providers)

FAMILY FUNCTIONING SERVICES
(Parent education, domestic violence, etc.)

SOCIAL SERVICES
(Health Insurance Outreach,
referral to DPSS)

ACADEMIC/ EDUCATIONAL SERVICES
(Case management services including tutoring resources,
academic counseling, school system advocacy)

HEALTH SERVICES
(Health education and linking students to
school-site nurses and community –based
providers)

**You will receive a Notice of Action form within 2 weeks to inform you of the status of the case.
Revised 7/01/08**

